



# Daniel Island Kids Triathlon 2009



The City of Charleston Recreation Department proudly presents the **Third Annual Daniel Island Kid's Triathlon**.

**When: Saturday June 20<sup>th</sup>, race start 8 a.m., MANDATORY meeting 7-7:30 a.m.**

**Where: Pierce Park Pavilion, Pierce Street, Daniel Island**

**Packet Pick-up: Thurs. and Fri., June 12<sup>th</sup>, and 13<sup>th</sup> From 9 am – 6:30 PM.**

**at the City Municipal Building, 235 Seven Farms Drive, Daniel Island**

All finishers will receive a participant medal, T-shirt, and goody bag. Awards will be given for the top three finishers, boys and girls, in each age-group. If you want to volunteer or have questions after reading the information sheet contact Will the Daniel Island Coordinator at 216 – 6366 or e-mail him at: [rishovdw@ci.charleston.sc.us](mailto:rishovdw@ci.charleston.sc.us).

## Participant's information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Age on Race Day:** \_\_\_\_\_ **Sex:** \_\_\_ M \_\_\_ F **T-Shirt: Youth:** S \_\_\_ M \_\_\_ L \_\_\_ **Adult S** \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

**Purchase Additional Shirts for: \$15** (please put a star by the additional shirt size you would like, all racers will get their shirts before people receive additional shirts. Please allow a few weeks if we do run low on shirts)

## Age group:(please check one)

\_\_\_\_ 7-8 years old      100meter swim, 2.4 mi bike, ½ mi run  
\_\_\_\_ 9-10 years old    100meter swim, 2.4 mi bike, ½ mi run  
\_\_\_\_ 11-12 years old    200meter swim, 5.5 mi bike, 1 mi run  
\_\_\_\_ 13-14 years old    200meter swim, 5.5 mi bike, 1 mi run

Race #

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(for official use)

**Please submit appropriate swim time for age group:** \_\_\_\_\_

## Parent /Guardian Information (Please print):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Entry Fee and Mailing Information:

The entry fee for the 2008 Daniel Island Kid's Triathlon is \$25 by June 13<sup>th</sup>. Make checks payable to: **City of Charleston Recreation Department** and put **DI Kid's Tri** in memo box. A separate entry form is required for each participant. Both sections at the bottom of the Waiver must be completed (participant's signature is optional). Please send the check, the completed and signed entry forms and Waivers to:

### Mailing Address

Will Rishovd / Daniel Island Coordinator  
Daniel Island Municipal Complex/ Recreation Dept.  
235 Seven Farms Drive  
Charleston, SC 29492

**READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.**

I understand and acknowledge that I am legally agreeing to the statements in the following paragraphs of this Waiver Agreement by affixing my signature below and that these statements. I further understand and acknowledge that my statements are being relied upon by race sponsors, organizers, administrators, volunteers and other parties defined below as the "Released Parties."

1.1 acknowledge that a triathlon, duathlon, or other multi-sport event (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter. I have no physical or medical condition which would endanger myself or others if I participate in any Event, or would interfere with my ability to safely participate in any Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with any Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any Event and I recognize that consumption of alcohol and/or drugs might impair my judgment and/or motor skills. I assume full responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs.

2. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE all Event sponsors, Event producers, Event staff, administrators, officials, contractors, vendors, and organizers (including race directors), volunteers, all other persons or entities involved with an Event, states, cities, towns, and other governmental bodies and locations in which an Event or portions of an Event takes place, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above (collectively, fee "Released Parties"), from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "Claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, the Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.

3.1 acknowledge and ASSUME ALL OF THE RISKS and aspects of an Event. I acknowledge that running, bicycling, swimming and other portions of an Event are inherently dangerous and I understand that I will be participating in an Event at my own risk, that I am responsible for the risk of participation in an Event, and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of or resulting from my participation in an Event. I further understand that any injury or damages incurred may be the result of negligence, omission or carelessness by the Released Parties.

4.1 FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the Claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, Claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Waiver Agreement, my breach or failure to abide by any of Competitive Rules, and my actions or inactions which cause injury or damage to any other person

5. I FURTHER GRANT to Event organizers and their licensees the right, permission, and authority to use my name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, or other account of an Event, and I WAIVE any rights to future compensation to which I might otherwise have been entitled for such use.

6. The parent or legal guardian who signs the Waiver Agreement on behalf of a minor, incapacitated and/or mentally challenged person (hereinafter "Said Person"), hereby acknowledges that he or she has the legal capacity and authority to act on behalf of Said Person to legally bind Said Person to the Waiver Agreement. The parent or legal guardian who signs the Waiver Agreement agrees to indemnify and hold harmless the Released Parties for any expenses incurred, Claims made, or liabilities assessed against them, as a result of any insufficiency of legal capacity or authority to act on behalf of Said Person in the execution of the Waiver Agreement.

7. If any provision of this Waiver Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver Agreement and shall not affect the validity and enforceability of any remaining provisions.

**(Athlete or Participant)**

**Print Name:**

**Signature: X**

**Date:**

**Age:**

**Date of Birth:**

**(Parent or Legal Guardian for Persons under Eighteen (18) Years of Age or Legal guardian of incapacitated and/or mentally challenged person)**

**Name of Guardian:**

**Signature: X.**

**Date:**

**Relationship to Minor or incapacitated and/or mentally challenged person:**

WA101404